

SERFF Tracking Number: *THRV-127909389* State: *Arkansas*
Filing Company: *Thrivent Financial for Lutherans* State Tracking Number:
Company Tracking Number:
TOI: *A02I Individual Annuities- Deferred Non-Variable* Sub-TOI: *A02I.002 Flexible Premium*
Product Name: *Fixed Annuity Application (Inherited-IRA)*
Project Name/Number: */*

Filing at a Glance

Company: Thrivent Financial for Lutherans

Product Name: Fixed Annuity Application SERFF Tr Num: THRV-127909389 State: Arkansas
(Inherited-IRA)

TOI: A02I Individual Annuities- Deferred Non-Variable SERFF Status: Closed-Approved- State Tr Num:
Closed

Sub-TOI: A02I.002 Flexible Premium Co Tr Num: State Status: Approved-Closed
Filing Type: Form Reviewer(s): Linda Bird

Author: Karen Guyette Disposition Date: 01/12/2012
Date Submitted: 01/09/2012 Disposition Status: Approved-Closed

Implementation Date Requested: Implementation Date:
State Filing Description:

General Information

| | |
|--|---------------------------------------|
| Project Name: | Status of Filing in Domicile: |
| Project Number: | Date Approved in Domicile: |
| Requested Filing Mode: Review & Approval | Domicile Status Comments: |
| Explanation for Combination/Other: | Market Type: Individual |
| Submission Type: New Submission | Individual Market Type: |
| Overall Rate Impact: | Filing Status Changed: 01/12/2012 |
| | State Status Changed: 01/12/2012 |
| Deemer Date: | Created By: Karen Guyette |
| Submitted By: Karen Guyette | Corresponding Filing Tracking Number: |
| Filing Description: | |

We are submitting for your review and approval a new annuity application. The application is described below.

Form 23195A R1-12, Application for Annuity

This is a new application form that replaces application form 23195A R9-10 that was approved by your Department on 8/09/2010.

The only changes made from the prior application form are changes to the plan types listed in Section 6 on page 2. The

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changes are as follows:

- 1) Plan type "IRA" was changed to "Traditional IRA"
- 2) Plan type "IRA – Regular Rollover" was changed to "Traditional IRA – Regular Rollover"
- 3) Plan type "IRA – Transfer/Direct Rollover" was changed to "Traditional IRA – Transfer/Direct Rollover"
- 4) Added plan type "Inherited Traditional IRA**"
- 5) Added plan type "Inherited Roth IRA**"
- 6) Added "Name of deceased on the source contract/account (complete for inherited plans only)"

This application may be completed electronically on a laptop computer or manually on a paper copy. The application software on each representative's computer is secure and cannot be altered by the agent. Applications completed on the computer may be electronically submitted to our home office or they may be printed, signed and mailed to us. When a computer application is completed and has been reviewed by the applicant, all necessary signatures are captured electronically and transmitted as part of the application. Signatures are encrypted and cannot be transferred or used for any other purpose. If any changes are made to the application after the signature has been processed, the signature will be erased and the entire application must then be reviewed and signed again. In all cases, a printed copy of the signed application will be included in the contract at time of issue.

This application form will be used to apply for the following contract forms which were approved by your Department on 10/09/2003:

- 1) Flexible Premium Deferred Annuity Contract, form A-AF-FPDA (04)
- 2) Single Premium Deferred Annuity Contract, form A-AS-SPDA (04)
- 3) Flexible Premium Deferred Annuity Contract, form A-CF-FPDAC (04)

Other Forms

The following previously approved forms will be used with this application:

- 1) Third Party Owner Application Supplement, form 20954 N1-03, which was approved by your Department on 2/05/2003.
- 2) Receipt for Payment, form W8026 R4-02, which was approved by your Department on 7/16/2002.
- 3) Amendment of Application, form 20887, which was approved by your Department on 11/19/2002.

Marketing

Our fixed annuity contracts will be offered by Thrivent Financial for Lutherans representatives to Lutherans and their families with issue ages 0-96.

Company and Contact

State: *Arkansas*

State Tracking Number:

Sub-TOI: *A02I.002 Flexible Premium*

Project Name/Number: /

Disposition Date: 01/12/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

State: *Arkansas*

State Tracking Number:

| | | | |
|-------------|---|-----------------|----------------------------------|
| <i>TOI:</i> | <i>A02I Individual Annuities- Deferred Non-</i> | <i>Sub-TOI:</i> | <i>A02I.002 Flexible Premium</i> |
| | <i>Variable</i> | | |

Project Name/Number: /

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--------------------------------|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | No |
| Supporting Document | Life & Annuity - Acturial Memo | | No |
| Supporting Document | Statement of Variability | | Yes |
| Form | Application for Annuity | | Yes |

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Product Name: *Fixed Annuity Application (Inherited-IRA)*

Project Name/Number: */*

Form Schedule

Lead Form Number: 23195A R1-12

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|--------------|--|---------|---|-------------|------------------------------|
| | 23195A R1-12 | Application/ Enrollment Form Application for Annuity | Revised | Replaced Form #: 23195A R9-10 Previous Filing #: 46374 | 46.000 | Application 23195A R1-12.pdf |

Application for Annuity

Section 1 - Proposed Annuitant (Member, unless indicated otherwise)

Name (print title, first, middle, last name, and suffix, as applicable)

| | | | |
|------------------------|----------------------------|-----|-----------------|
| Social Security number | Date of birth (mm/dd/yyyy) | Sex | Residence state |
|------------------------|----------------------------|-----|-----------------|

☐ Yes ☐ No Are you (age 18 - 70) currently engaged in full time active military service (includes National Guard and Reserve duty if serving under published orders for active duty or full-time training)?

Section 2 - Proposed Joint Annuitant (Member, unless indicated otherwise)

Name (print title, first, middle, last name, and suffix, as applicable)

| | | | |
|------------------------|----------------------------|-----|-----------------|
| Social Security number | Date of birth (mm/dd/yyyy) | Sex | Residence state |
|------------------------|----------------------------|-----|-----------------|

☐ Yes ☐ No Are you (age 18 - 70) currently engaged in full time active military service (includes National Guard and Reserve duty if serving under published orders for active duty or full-time training)?

Section 3 - Proposed Applicant Controller

Name (print title, first, middle, last name, and suffix, as applicable)

| | | | | |
|------------------------|----------------------------|-----|-----------------|---------------------------|
| Social Security number | Date of birth (mm/dd/yyyy) | Sex | Residence state | Relationship to annuitant |
|------------------------|----------------------------|-----|-----------------|---------------------------|

☐ Yes ☐ No Is the Applicant Controller (age 18 - 70) currently engaged in full time active military service (includes National Guard and Reserve service if serving under published orders for active duty or full-time training)?

**Section 4 - Third Party Ownership (Complete only if the owner is someone other than the annuitant(s).
Must also complete a Third Party Owner Application Supplement.)**

Reason for Third Party Ownership (e.g., estate clearance, retain control, business purposes)

Type of owner:

☐ Individual ☐ Multiple individuals☐ Trust - The trust must be for the benefit, direct or indirect, of the member, member's family or dependent(s).☐ Other -

☐ Yes ☐ No Is the Owner (age 18 - 70) currently engaged in full time active military service (includes National Guard and Reserve service if serving under published orders for active duty or full-time training)?

Section 5 - Replacement

If 'Yes' to any question in this section, complete the replacement form if required by the state. In addition, if 'Yes' to questions 2 or 3 and you are replacing a life insurance policy, complete Thrivent Financial's replacement evaluation form.

☐ Yes ☐ No 1. Does any proposed applicant have one or more existing life insurance policies or annuity contracts with Thrivent Financial or another insurance company?

☐ Yes ☐ No 2. Is the contract intended to replace any part of, or all of, another company's life insurance policy or annuity contract?

If 'Yes', is this a 1035 exchange? ☐ Yes ☐ No

☐ Yes ☐ No 3. Is the contract intended to replace any part of, or all of, a Thrivent Financial's or subsidiary of Thrivent Financial's life insurance policy or annuity contract?

If 'Yes', is this a 1035 exchange? ☐ Yes ☐ No

Section 6 - Annuity Product Information

- ☐ Single Premium Deferred Annuity "Security One"
☐ Flexible Premium Deferred Annuity "Security Plus"
☐ Flexible Premium Deferred Annuity "Multi-Year Guarantee Series"

Plan Type:

- | | | |
|---|--|--|
| <input type="checkbox"/> Regular Annuity - Non-qualified | <input type="checkbox"/> Roth IRA - Regular Rollover | <input type="checkbox"/> TSA - Employee Transfer/Direct Rollover |
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Money Purchase | <input type="checkbox"/> TSA - Employer Transfer/Direct Rollover |
| <input type="checkbox"/> Traditional IRA - Regular Rollover | <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> SEP |
| <input type="checkbox"/> Traditional IRA - Transfer/Direct Rollover | <input type="checkbox"/> SIMPLE - IRA | <input type="checkbox"/> Inherited Traditional IRA* |
| <input type="checkbox"/> Roth IRA | <input type="checkbox"/> TSA - Employee | <input type="checkbox"/> Inherited Roth IRA* |
| <input type="checkbox"/> Roth IRA - Transfer/Conversion | <input type="checkbox"/> TSA - Employer | <input type="checkbox"/> Other - |

*Name of deceased on the source contract/account (complete for inherited plans only)

Fixed Period Allocation (Multi-Year Guarantee Series only)

Note: Fixed Period Allocations must total 100%, be in whole numbers and be at least \$1,000 each.

| | | | |
|--------|---------|---------|---------|
| 3 year | _____ % | 7 year | _____ % |
| 4 year | _____ % | 8 year | _____ % |
| 5 year | _____ % | 9 year | _____ % |
| 6 year | _____ % | 10 year | _____ % |

Future allocations. Premiums are allocated to Fixed Period Allocations according to the allocation percentages you select above. You may change these by giving written notice. If any part of an allocation is less than the minimum, the entire premium will be allocated to the shortest Fixed Period Allocation available at that time. If any amount is to be allocated to an allocation period that we no longer offer, that amount will be allocated to the shortest period then offered by us.

First Year Interest Rate Bonus (Security One only)

- ☐ Yes - I have selected the first year interest rate bonus and understand that by doing so the Return of Premium Benefit and the Enhanced Surrender Benefit will not be included in the contract and the surrender charge period will be longer.
- ☐ No - I have not selected the first year interest rate bonus.

Optional Rider

- ☐ Yes ☐ No Long-Term Care Insurance Rider

Section 7 - Premium/Billing Information

| | | | |
|---|-------------------|---|-------------------|
| Total initial premium: \$ _____ | | <input type="checkbox"/> No premium with application | |
| Premium billing amount (Security Plus only) \$ _____ | Frequency: | <input type="checkbox"/> Annual <input type="checkbox"/> Semiannual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly | |
| | | <input type="checkbox"/> No Bill <input type="checkbox"/> _____ | |
| First tax year | | Second tax year | |
| Amount \$ _____ | Tax year _____ | Amount \$ _____ | Tax year _____ |

Section 8 - Special Requests

Section 9 - Beneficiary Designation

List full name, relationship to member/payee, address, and Social Security number for each beneficiary.

Primary: _____

First Contingent: _____

Second Contingent: _____

Payment Provisions:

Under the terms of the contract, if this contract has joint annuitants who are also joint owners, then each annuitant will be the other annuitant's sole primary beneficiary. Therefore, if there are joint annuitants who are also joint owners, we will pay the death proceeds to the primary or contingent beneficiaries listed on this beneficiary designation only when there is no surviving annuitant.

If any beneficiary dies at the same time as the insured or within 15 days after the insured dies and before the death proceeds are paid, Thrivent Financial will pay the death proceeds as though that beneficiary died before the insured, unless otherwise provided.

If two or more persons are named as primary beneficiaries, the death proceeds will be paid equally to the survivors or survivor, unless otherwise directed. The same shall be true for contingent beneficiaries if no primary beneficiaries survive. If none of the beneficiaries survive, proceeds shall be paid to the owner or to the owner's estate.

Thrivent Financial for Lutherans is a fraternal benefit society. To comply with laws affecting fraternal benefit societies, proceeds must be paid for the benefit, direct or indirect, of its members, their family, dependents or other eligible beneficiaries as permitted by the bylaws of Thrivent Financial. When naming a trust beneficiary, the beneficiaries of the trust must qualify and continue to qualify at the time of death as eligible beneficiaries. If the trust beneficiaries are ineligible under the bylaws, the proceeds will not be paid to the trust and will be paid as if the trust was no longer in existence. Payment according to the terms of the contract shall fully discharge Thrivent Financial from all liability.

The words "children", "issue", "grandchildren" and "children of a deceased child" shall include adopted children, adopted issue, adopted grandchildren and adopted children of a deceased child unless otherwise specified.

Beneficiary designations which include "or" or "and/or" will be administered as if the conjunction "and" was used.

Section 10 - Agreement and Signatures

I understand and agree that:

1. I have read (or have had read to me) and verified all statements and answers recorded on this application. They are, to the best of my knowledge and belief, true, complete and correctly recorded.
2. This application will become part of the contract.
3. No change in this application shall be made without my written consent.
4. No representative of Thrivent Financial except the president or secretary can make or alter any contract or waive any of Thrivent Financial's rights or requirements.
5. The date of this application is the later of the following dates:
 - a) The date shown on the Application for Annuity.
 - b) The date shown on any required supplemental application forms.
6. The annuity date will be the maximum allowed by law unless stated otherwise.
7. For the Multi-Year Guarantee Series contract, the amount of any surrender or transfer from a Fixed Period Allocation prior to the end of the period may be increased or decreased by a Market Value Adjustment. Death Proceeds are not subject to a Market Value Adjustment.
8. If I request the Long-Term Care Insurance Rider, I understand the annuity and the rider together is a combination product which may provide special tax treatment when used as intended. I cannot have the Long-Term Care Insurance Rider without the annuity. I can, however, cancel the Long-Term Care Insurance Rider at any time and retain the annuity without the Long-Term Care Insurance Rider.

The signature below applies to all sections and statements made on this application.

Signed at _____
City State

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

| | |
|---|--|
| Signature of proposed annuitant (applicant controller if under age 16) and date signed (mm/dd/yyyy) | Signature of proposed joint annuitant and date signed (mm/dd/yyyy) |
| Signature of owner and date signed (mm/dd/yyyy) | Signature of owner and date signed (mm/dd/yyyy) |
| Signature of owner and date signed (mm/dd/yyyy) | Signature of owner and date signed (mm/dd/yyyy) |
| Signature of owner and date signed (mm/dd/yyyy) | |

I certify that I have asked all questions and recorded all answers as they were given to me and reviewed these with the proposed annuitant(s)/owner(s).

To the best of my knowledge, the contract applied for ☐ is ☐ is not intended to replace any part of, or all of, another life insurance policy or annuity contract.

| | |
|--|----------------------------|
| Signature of representative and date signed (mm/dd/yyyy) | Print name and code number |
|--|----------------------------|

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Supporting Document Schedules

| | Item Status: | Status Date: |
|---|--------------|--------------|
| Satisfied - Item: Flesch Certification Comments: Attached is the Flesch Certification. Attachment: AR Annuity App Flesch Ctf.pdf | | |
| Bypassed - Item: Application Bypass Reason: N/A - no poicy being filed at this time Comments: | | |
| Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: N/A - application filing only Comments: | | |
| Satisfied - Item: Statement of Variability Comments: Attachment: Annuity App A SOV.pdf | | |

ARKANSAS

Certification

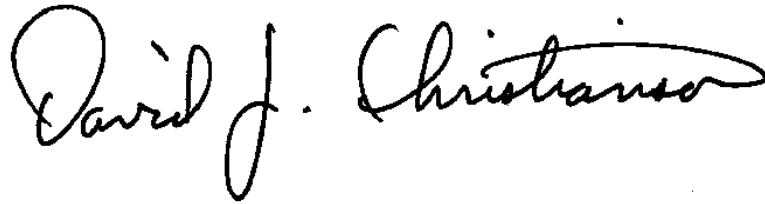
I, David J. Christianson, an officer of Thrivent Financial for Lutherans, hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms comply with the requirements of Arkansas Code Ann. 23-80-206.

Form

Flesch Score

23195A R1-12

46

A handwritten signature in black ink that reads "David J. Christianson". The signature is written in a cursive style with a large initial "D" and a long horizontal flourish at the end.

1/03/2012

Date

David J. Christianson
Director, Contract Forms and Compliance

Statement of Variability

Application for Annuity, Form 23195A R1-12

The following items have been bracketed to indicate that the information may be different in different applications or may be subject to change:

1. **Plan Types** may be deleted from the list in Section 6 on page 2 if they become no longer available.
2. The wording “*Name of deceased on the source contract/account (complete for inherited plans only)” in Section 6 on page 2 will be deleted if all of the inherited plan types become no longer available.
3. **Fixed Period Allocations** may be deleted from the list in Section 6 on page 2 if they become no longer available.
4. The bracketed wording shown in Section 9 on page 3 will always appear when the application is completed on paper. However, when the application is completed electronically, this wording will vary based on the type of beneficiary relationship selected.

Any minor typographical errors that are discovered in this form will be corrected.